

# **EXHIBIT 2**

Joseph M. Carbone, M.D.

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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF WEST VIRGINIA  
CHARLESTON DIVISION

IN RE: ETHICON, INC., PELVIC ) Master File No.  
REPAIR SYSTEM PRODUCTS ) 2:12-MD-02327  
LIABILITY LITIGATION ) MDL 2327

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THIS DOCUMENT RELATES TO  
PLAINTIFFS:

Diane Kropf  
Case No. 2:12-cv-01202

JOSEPH R. GOODWIN  
U.S. DISTRICT JUDGE

Judy Williams  
Case No. 2:13-cv-00657

Myra Byrd  
Case No. 2:12-cv-00748  
Angela Coleman  
Case No. 2:12-cv-01267

Susan Thamen (Reeves)  
Case No. 2:12-cv-00279  
Donna Zoltowski  
Case No. 2:12-cv-00811

DEPOSITION OF JOSEPH M. CARBONE, M.D.  
GENERAL TVT  
Wednesday, March 16, 2016  
Danville, Virginia  
5:18 p.m.

Reported by: Karen K. Kidwell, RMR, CRR, CLR  
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1 Q. Is it fair that Exhibit 6 represents  
2 invoices that you've billed for your litigation  
3 consulting work in this transvaginal mesh litigation?  
4 These are the invoices for your expert consulting  
5 work, correct?

6 A. Yeah.

7 Q. Okay. But for the missing Prolift invoice  
8 that we're going to get and add to Exhibit 6,  
9 correct?

10 A. Yes.

11 Q. Okay. Have you totaled these up?

12 A. Nope.

13 Q. Okay. We'll do that on break.

14 How many total hours have you spent in  
15 your role as a litigation consultant for Ethicon?

16 A. That's an interesting question. How many  
17 hours have I spent reviewing all the materials or how  
18 many hours have I billed?

19 Q. Both.

20 A. I spent a lot more hours reviewing the  
21 materials than what I billed.

22 Q. Okay. How many?

23 A. A lot.

24 Q. A lot?

25 A. A lot.

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1 Q. More than what you billed for?

2 A. Yeah.

3 Q. So if we look at the invoices, we total  
4 up all the hours, including with the missing invoice  
5 that wasn't brought today, we'll know the total  
6 amount of hours you've billed, correct?

7 A. We'll know the total amount of hours that  
8 I've billed, yes.

9 Q. And then you're saying that you spent more  
10 working on the case above and beyond the hours that  
11 you've actually billed, correct?

12 A. Oh, yes.

13 Q. Okay. And if we double the amount of  
14 hours that you billed?

15 MR. MORIARTY: Objection.

16 BY MR. JONES:

17 Q. I just want a general idea of the total  
18 amount of time you spent on the case.

19 A. When I reviewed these articles -- I've  
20 been reviewing this material since I was introduced  
21 to the mesh in 1998. So the body of my professional  
22 career was spent reviewing these materials. And in  
23 that way, I've been reviewing these materials for  
24 over 20 years.

25 Q. Okay.

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1           A.     So I would submit that I spent a career of  
2     preparing to answer the questions you may ask me.

3           Q.     Okay. You've spent close to 20 years  
4     reviewing materials in support of your opinions in  
5     this litigation?

6           MR. MORIARTY: Objection. Form.  
7           Go ahead.

8           THE WITNESS: Not continuously.  
9     BY MR. JONES:

10          Q.     Okay. For the past 20 years off and on,  
11     you've reviewed -- you have reviewed materials that  
12     support your opinions in this litigation?

13          A.     I've read. I've gone to CME. I've talked  
14     with other clinicians. I've presented. I've been  
15     involved in -- I've operated. My knowledge, my  
16     training, my experience, my review of the literature,  
17     my interaction with other colleagues, all that is the  
18     sum of what has gone into, and more -- I'm sure I'm  
19     not touching on everything -- is the sum of what I  
20     drew upon, if you will, to determine my opinions.

21          Q.     Okay. And does that include review of the  
22     medical literature?

23          A.     Yes.

24          Q.     Okay. So over the course of the past 20  
25     years off and on, you've reviewed medical literature

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1 related to the topics in your report that you've  
2 written, correct?

3 A. Off and on, yes.

4 Q. And do you continue to keep up to date  
5 with the medical literature on these subjects?

6 A. I try.

7 Q. You try?

8 A. (Nodding head up and down.)

9 Q. When's the last time you did a literature  
10 review?

11 A. Read an article?

12 Q. Sure.

13 A. I read an article last week.

14 Q. Okay. What article was that?

15 A. There was an article -- well, last week I  
16 reviewed the article, the Schimph article.

17 Q. Okay. How did you find that article?

18 A. I reviewed it -- well, I had reviewed it  
19 in the past in my general reading, and then I  
20 reviewed in preparation for this litigation.

21 Q. Was that article sent to you by Ethicon?

22 A. Originally, no.

23 Q. Eventually, Ethicon sent you that article,  
24 though?

25 A. Eventually it was in the materials that

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1           A.    I joined a practice.  I joined an existing  
2    practice.

3           Q.    Joined an existing practice?

4           A.    Yes.

5           Q.    And at the time, was that called the  
6    Danville Urologic Clinic, now operating as  
7    Southside -- or South -- what's the name of the  
8    clinic that you practice at right now?

9           A.    Southside Urology & Nephrology.

10          Q.    Is that the same clinic you joined in  
11   2000 --

12          A.    Yes.

13          Q.    -- when you came to Danville?  What is the  
14   Piedmont Institute for Incontinence?

15          A.    It's called the Piedmont Institute for  
16   Continence and Urinary Control.

17          Q.    Okay.

18          A.    It's the name I gave my specific aspect of  
19   the practice.

20          Q.    Is that a separate company that you've set  
21   up?

22          A.    No.

23          Q.    When Ethicon pays you as a consultant, do  
24   they pay you or the clinic?

25          A.    They pay me.

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1 Q. Personally?

2 A. Yes.

3 Q. You haven't set up an LLC or a side  
4 company to accept payment, consultant payments?

5 A. No.

6 Q. Okay. What I want to do now -- should be  
7 fairly uncontroversial -- is I want to get the lay of  
8 the land for what mesh products you've used, when you  
9 used them, and how many times you used them.

10 A. Okay.

11 Q. And I think it might be easier to set out  
12 a little chart here. But let's start with Ethicon  
13 products. We'll start with the TVT line.

14 How many times have you used TVT  
15 Retropubic?

16 A. May I use a pen -- I'm just trying to,  
17 again, math.

18 MR. ROSENBLATT: This isn't a written  
19 deposition.

20 BY MR. JONES:

21 Q. Sorry. He says you can't use a pen.

22 A. Okay. That's fine.

23 Q. I was trying to make it easier.

24 A. Be patient with me as I do my math in my  
25 head.



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1 Q. He'll probably let you use a pen so long  
2 as I don't see it, though. Right?

3 A. No, I don't need to go there. Which ones  
4 was it the one you were asking?

5 Q. TVT Retropubic?

6 A. Maybe 300.

7 Q. 300. Okay.

8 O. I'm going to go through them all.

9 A. I know. I'm with you. I've got a number  
10 here, and I'm trying to figure out, based on the  
11 year, how many apparently I did. Let me give you  
12 that number. Hold on.

13 MR. MORIARTY: Is there a question  
14 pending?

15 BY MR. JONES:

16 Q. There is.

17 A. Change that to about 400.

18 Q. TVT-R?

19 A. Retropubic, yeah.

20 Q. Okay.

21 A. I don't know. 300 to 400.

22 Q. 300 to 400?

23 A. Yeah, that's fine.

24 Q. And the question pending was TVT-O.

25 A. 200 to 300.

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1 Q. Okay. TVT-Secur?

2 A. 200.

3 Q. TVT Abbrevos?

4 A. What is my total right now? 400.

5 Q. Okay. And Exact?

6 A. Probably about 100.

7 Q. Okay.

8 A. Let me look at my numbers.

9 Q. Yeah, sure.

10 A. That's about right, give or take a couple  
11 hundred.

12 Q. Give or take, rough estimates?

13 A. Yeah.

14 Q. Years.

15 A. Okay.

16 Q. Years and years. So let's start with TVT  
17 Retropubic, since that's the oldie but goodie.

18 A. Started in -- hmm, 2004. Four years.

19 Q. 2004 you started?

20 A. No, no.

21 Q. No.

22 A. I started here in 2000. So about four  
23 years.

24 Q. Okay. TVT-O next.

25 A. Uh-huh. I did that probably until -- I

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1 did it a while. The Secur came out what -- in,  
2 trying to remember.

3 Q. '6 or '7?

4 A. '6 or '7. Maybe picked it up in '7.  
5 Probably did it until like 2007, 2008.

6 Q. Okay. Then Secur, sometime 2007?

7 A. 2008. And I did it until Abbrevio came  
8 out, which is like in 2010, I think. And I've done  
9 it pretty well since mostly. Majority of Abbrevos  
10 have been since 2010.

11 Q. And Exact?

12 A. I use, with the Abbrevio, since -- you  
13 know, throughout the course since the -- I did the  
14 Os, since it came out.

15 Q. When did Exact come out?

16 MR. ROSENBLATT: 2010.

17 THE WITNESS: Yeah, that's what I thought.

18 And I did -- I apologize. To clarify, I  
19 did some Os, Rs, S, you know.

20 BY MR. JONES:

21 Q. There's some overlap?

22 A. There's overlap.

23 Q. This is roughly speaking.

24 A. Yeah.

25 Q. All right. So sounds like today, your

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1 A. No.

2 Q. Do you know the stiffness of the TVT mesh?

3 A. No.

4 Q. Do you know the antioxidants that Ethicon  
5 uses in the TVT mesh?

6 A. The antioxidants?

7 Q. Sure. Do you know whether or not Ethicon  
8 adds antioxidants to the TVT mesh or not?

9 A. Aren't antioxidants used in all Prolene?  
10 I believe antioxidants are used in all Prolene, and I  
11 don't know what antioxidants are used.

12 Q. There you go. That's my question. You  
13 don't know what antioxidants are used in TVT mesh,  
14 correct?

15 A. Correct.

16 Q. Okay. Do you know the name of the resin,  
17 polypropylene resin, used in TVT mesh?

18 A. The resin?

19 Q. (Nodding head up and down.)

20 A. No.

21 Q. Do you consider yourself a materials  
22 expert?

23 A. Well, what do you mean by "materials  
24 expert"?

25 Q. Do you -- will you be -- do you consider

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1     yourself an expert in the properties of the TVT mesh?

2             A.     I believe that I am an expert in the  
3     clinical properties of the TVT mesh.   If you ask me  
4     do I have a Ph.D. in material science?   No, I don't.  
5     Have I spoken with material scientists?   Yes.   Have  
6     I, you know, interacted with them?   Have I talked to  
7     them about the Amid classification?   Have I taught on  
8     the mesh itself?   Have I used -- most importantly,  
9     have I used the mesh -- my experience with the mesh  
10    clinically and how it works in vivo?

11            I would say that I have an expert -- I  
12    have a -- a knowledge and a -- I have knowledge and  
13    training and experience that would allow me to  
14    provide expert opinion in that context.

15            Q.     Does the TVT mesh degrade inside a woman?

16            A.     I don't believe so.

17            Q.     Have you reviewed any test by Ethicon of  
18    the mesh used in TVT that concludes the mesh does  
19    degrade?

20            A.     Say it again?

21            Q.     Sure.   Have you reviewed any medical  
22    literature that disagrees with you that mesh does not  
23    degrade inside a patient?

24            A.     I have not reviewed any Level 1 material  
25    randomized controlled trials to that effect.

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1 Q. Okay. That's not -- I didn't ask about  
2 Level 1. I'm just asking about any medical  
3 literature.

4 MR. MORIARTY: Objection.

5 Go ahead.

6 THE WITNESS: Geez. I guess I'm sure, as  
7 I've gone around -- I mean, I've done a lot of  
8 review. I'm sure there is very low-evidence  
9 material out there that would suggest that.

10 BY MR. JONES:

11 Q. Okay. So it's fair to say that in your  
12 review, you've come across medical literature that  
13 concludes mesh degrades inside the patient, correct?

14 A. When you say "inside the patient," are you  
15 talking about explanted materials or are you talking  
16 about materials that are still inside the patient?

17 Q. Either. We'll go with explant. How about  
18 that?

19 A. Well, there's literature -- not good  
20 literature -- there's literature that suggests that  
21 TVT or -- yeah, polypropylene TVT mesh might degrade.  
22 Yeah.

23 Q. Is there -- do you recall what literature  
24 is that? Do you recall any authors, titles?

25 A. No.

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1 Q. Is today the first time you have ever  
2 given expert testimony as an expert in a transvaginal  
3 mesh case?

4 A. To the best of my recollection, yeah.

5 Q. Is this case the first time you've ever  
6 acted as an expert in litigation in a case involving  
7 transvaginal mesh?

8 A. Again, acted as an expert in transvaginal  
9 litigation mesh -- or transvaginal mesh litigation?

10 Q. (Nodding head up and down.)

11 A. And that means both the TVT polypropylene  
12 Prolene mesh and the -- okay -- and the Prolift  
13 polypropylene mesh.

14 Q. Any mesh in transvaginal --

15 A. To the best of my recollection, none of  
16 the med mal -- and they were all med mal -- cases  
17 that I reviewed were -- involved TVT polypropylene or  
18 Prolift polypropylene mesh.

19 Q. Okay. Great. Perfect. Is this case the  
20 first time you've acted as an expert in the design  
21 and safety of a device?

22 A. Expert in the design and safety. I mean,  
23 the -- what do you mean by "expert"? I think we've  
24 had this discussion before with respect to the expert  
25 in the materials. But now you're talking about

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1 design and safety; is that correct? Different?

2 Q. (Nodding head up and down.)

3 A. So I ask again the same question. What do  
4 you mean by "expert in design and safety"?

5 Q. You don't have -- you don't understand my  
6 question of whether -- are you an expert in this case  
7 on the design of the TVT device?

8 MR. MORIARTY: Objection.

9 Go ahead.

10 THE WITNESS: Insomuch as -- I'm not an  
11 engineer. Okay? But insomuch as I'm familiar  
12 with the design, I've used the design, I've been  
13 trained, I have experience with the design, I've  
14 read the literature regarding the design, I've  
15 used it clinically, I feel like I am an expert.  
16 But -- in that context, I believe I'm an expert.  
17 I'm not -- I'm saying that I'm not an engineer.  
18 I can't speak with any --

19 BY MR. JONES:

20 Q. Okay. Here's my question.

21 A. Go ahead.

22 Q. Have you ever been asked by a medical  
23 device company prior to Ethicon in this case to be an  
24 expert in litigation?

25 A. Repeat it. Seriously. Just want to make



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1     sure I get it right.

2             Q.     Have you ever been asked by a medical  
3     device company other than Ethicon to be an expert in  
4     litigation?

5             A.     To the best of my recollection, I don't  
6     believe any of the medical malpractice cases involved  
7     medical devices.

8             Q.     Now I've got to ask you again. Yes or no.  
9     To the best of your recollection, has a medical  
10    device company other than Ethicon ever asked you to  
11    act as an expert in litigation?

12            A.     Is it the same question?

13            Q.     Yes or no?

14            A.     Was my answer inadequate?

15            Q.     Yes or no?

16            A.     Not that I recall.

17            Q.     Okay. Perfect.

18            A.     Okay.

19            Q.     We went back and we did tally up the  
20    payments from Exhibit 5.

21            A.     Okay.

22            Q.     So you have Exhibit 5 in front of you, and  
23    we added up those payments from Ethicon to you  
24    between the years 2003 to 2012. And the total I'll  
25    represent to you is \$452,398.

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1 THE WITNESS: D-E-A-T-H?

2 MR. JONES: Yes.

3 MR. MORIARTY: Objection.

4 THE WITNESS: You know what? In the form  
5 that you're asking it, I can't answer that  
6 question.

7 BY MR. JONES:

8 Q. Okay. Do you tell your patients when  
9 you -- before you implant a TVT device or Ethicon  
10 mesh product, that you have consulted for Ethicon  
11 since 2003?

12 A. Now?

13 Q. We'll start with now.

14 A. No.

15 Q. Have you ever?

16 A. Yes.

17 Q. When?

18 A. When I was consulting for Ethicon and TVT.

19 Q. Okay. So between 2003 -- between 2003 and  
20 2012, you told your patients you were an Ethicon  
21 consultant?

22 A. It was my usual practice.

23 Q. Currently, you don't tell -- currently,  
24 what do you tell your patients?

25 A. I don't tell them I'm a consultant.

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1 Q. Okay. Do you tell them that you're a  
2 litigation consultant for Ethicon?

3 A. No.

4 Q. Okay. Do you agree that one of the risks  
5 of the TVT mesh is chronic pain?

6 A. I don't attribute it to the mesh.

7 Q. Is that a no?

8 A. I guess we'd say that's no.

9 Q. Do you agree that one of the risks of the  
10 TVT mesh is chronic dyspareunia?

11 A. I don't attribute it to the mesh.

12 Q. Is that a no?

13 A. That's a no.

14 Q. Do you agree one of the risks of the TVT  
15 device is chronic pain in women?

16 A. I don't attribute it to the device.

17 Q. Is that a no?

18 A. That's a no.

19 Q. Do you agree that one of the risks of the  
20 TVT device is chronic dyspareunia?

21 A. I do not attribute it to the device.

22 Q. Is that a no?

23 A. That's a no.

24 Q. Do you agree one of the risks of the TVT  
25 mesh is erosion of the mesh through the woman's

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1 vaginal tissues?

2 A. Restate the question.

3 Q. Sure.

4 MR. JONES: Can you read it back?

5 (Whereupon the Court Reporter read the  
6 previous question.)

7 THE WITNESS: The risk of using any mesh  
8 is potential erosion.

9 BY MR. JONES:

10 Q. That's a yes, correct?

11 A. That's a yes.

12 Q. Do you agree that TVT mesh that erodes  
13 through a woman's vaginal tissue can cause pain to a  
14 woman?

15 A. I don't attribute that to the mesh, no.

16 Q. Do you agree TVT mesh that erodes through  
17 a woman's vaginal tissue can cause dyspareunia?

18 A. I don't attribute that to the mesh.

19 Q. Do you believe TVT mesh that erodes  
20 through a woman's vaginal tissue can cause discomfort  
21 to the woman?

22 A. That's pretty broad. What do you want to  
23 say is discomfort? I mean, how are you describing  
24 "discomfort"?

25 Q. We'll just leave that at that question.

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1 All right. Is the TVT Retropubic the gold  
2 standard?

3 A. Well --

4 MR. MORIARTY: Objection.

5 Go ahead.

6 THE WITNESS: I have to defer to the AUA,  
7 AUGS, and SUFU that have described the  
8 polypropylene mid-urethral sling as the gold  
9 standard for the treatment --

10 Now, wait a second. What was your  
11 question?

12 BY MR. JONES:

13 Q. Right.

14 A. There you go.

15 Q. Is TVT Retropubic the gold standard? Yes  
16 or no. To you. I'm asking you.

17 A. Oh, me?

18 Q. Yeah.

19 A. Me. I wouldn't specifically say the  
20 Retropubic.

21 Q. In your opinion, is the TVT-Secur the gold  
22 standard?

23 A. I wouldn't say specifically the Secur.

24 Q. In your opinion, is the TVT Obturator the  
25 gold standard?

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1 Q. Okay. But if we wanted to know which ones  
2 you looked at, no dice, not going to happen?

3 A. I can't provide you with that.

4 Q. Okay. Do you have any background in  
5 polymer chemistry?

6 A. Again, I don't have a Ph.D., no.

7 Q. Have you ever done bench research on  
8 polypropylene mesh?

9 A. Bench research? No.

10 Q. Lab research on polypropylene mesh?

11 A. Lab research? No.

12 Q. Your opinion that TVT mesh does not  
13 degrade in vivo, have you ever attempted to have that  
14 opinion published in a peer review journal?

15 A. No.

16 Q. Any of the opinions that you'll be  
17 offering in this litigation, have you ever attempted  
18 to have published in a peer review journal?

19 A. No.

20 Q. Are the opinions you're offering in this  
21 litigation solely for litigation purposes?

22 MR. MORIARTY: Objection.

23

24 BY MR. JONES:

25 Q. I'll withdraw it.

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1 Are you an expert on warnings?

2 A. I'm sorry?

3 Q. I'll withdraw that last question. Are you  
4 an expert on warnings?

5 A. Warnings?

6 Q. Warnings related to TVT mesh.

7 A. Warnings related to TVT mesh. I'm trying  
8 to consider what an expert in warnings would be.  
9 Again, I don't know what an expert in warnings would  
10 be.

11 Q. Have you ever drafted an IFU?

12 A. No.

13 Q. Do you rely in your normal course of  
14 practice as a physician on IFUs?

15 A. Do I rely?

16 Q. (Nodding head up and down.)

17 A. No.

18 Q. Do you review IFUs before you use the  
19 product?

20 A. Yes.

21 Q. Okay. Always?

22 A. Which product?

23 Q. Any product.

24 A. It is my usual practice to review IFUs  
25 before using a new product.

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1 Q. Thank you. Do you -- are you aware the  
2 industry standards that govern what warnings must be  
3 in an IFU?

4 A. The industry standards? No, I don't know  
5 that --

6 Q. Do you agree that all material risks  
7 related to the TVT mesh must be included in the IFU?

8 MR. MORIARTY: Objection. Form.

9 THE WITNESS: I guess define "material  
10 risk."

11 BY MR. JONES:

12 Q. It's in your report. How do you use it?  
13 I'm using your term.

14 A. I understand. I just wanted to know on  
15 how you were using it in your question.

16 (Off record discussion.)

17 Q. I wish I could let you take all day,  
18 Doctor, but we're on a tight time frame.

19 A. I apologize. I just don't see where I  
20 write on this TVT IFU section the term "material  
21 risk." If you would like to point out to me  
22 specifically where I'm using it, I'll be happy to cut  
23 to the chase for you.

24 Q. Yeah. Why don't you go to page 4? First  
25 sentence, page 4.



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1           A.    The risks unique to the proper use of the  
2    device.

3           Q.    It's your opinion all risk unique to the  
4    TVT device, specifically proper use of the TVT  
5    device, must be included in the TVT IFU, correct?

6           MR. MORIARTY:  Objection.  Form.

7           THE WITNESS:  Read it back again.  I just  
8    want to make sure.

9           MR. JONES:  I'm going fast because I'm on  
10   a tight --

11          THE WITNESS:  I'm with you.  I'm sorry.  I  
12   apologize.  I want to make sure it's right.

13          MR. JONES:  Can you read that question  
14   back?

15          (Whereupon the Court Reporter read the  
16   requested question.)

17          THE WITNESS:  All risks unique to the TVT  
18   device.

19          Yeah, I think that's -- if that's what I  
20   said, yeah, that's what I mean.

21   BY MR. JONES:

22          Q.    It's your opinion that, the risks  
23   associated with the device is caused by improper use  
24   of the device, that risk does not need to be in the  
25   IFU, correct?

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1 A. Correct.

2 Q. Okay. What risks are unique to the TVT  
3 device that need to be in the TVT IFU?

4 MR. MORIARTY: Objection. Form.

5 Go ahead.

6 THE WITNESS: The unique risks to the TVT  
7 device is erosion of the mesh material.

8 BY MR. JONES:

9 Q. Is erosion of the mesh material the only  
10 unique device -- or unique risk associated with the  
11 TVT device?

12 A. In my opinion, yes.

13 Q. If erosion is the only risk listed in the  
14 TVT IFU, is the TVT IFU adequate, in your opinion?

15 MR. MORIARTY: Objection. Form.

16 THE WITNESS: I know you're on a time  
17 constraint, but I'd like to look specifically at  
18 the TVT IFU that you're speaking about.

19 MR. MORIARTY: He just asked a  
20 hypothetical.

21 THE WITNESS: I'm sorry? What --

22 MR. JONES: I think that was an objection.  
23 I'm not for sure, though.

24 MR. MORIARTY: I did object.

25 MR. JONES: That was an objection?

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1 MR. MORIARTY: No. I objected before I  
2 got out of my seat.

3 MR. JONES: Okay. I was talking about  
4 what you said just then.

5 BY MR. JONES:

6 Q. I'll ask the question again.

7 A. Go ahead.

8 Q. Okay.

9 A. Go ahead.

10 MR. MORIARTY: No, wait.

11 MR. JONES: Let me ask my question. Is  
12 that okay?

13 MR. MORIARTY: Yeah.

14 BY MR. JONES:

15 Q. Is erosion the only unique risk associated  
16 with the TVT device? Yes or no?

17 MR. MORIARTY: Objection. Form.

18 Go ahead.

19 And asked and answered.

20 THE WITNESS: Yes.

21 BY MR. JONES:

22 Q. Okay. If the TVT IFU device only includes  
23 erosion as the unique risk associated with TVT --

24 A. You got a lot detail there. If the TVT  
25 IFU --

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1 Q. -- only includes erosion as a risk of the  
2 device, is the IFU adequate?

3 A. -- only includes erosion of the TVT  
4 device. I mean, in a sense, yeah.

5 Q. In the cadaver labs in educational courses  
6 that you've done for Ethicon, have you ever taught  
7 anything that is contradicted by the product IFU?

8 A. Not that I'm aware of.

9 Q. So it's fair to say the information you  
10 give to surgeons in these educational labs and  
11 seminars are consistent with the content in the  
12 instructions for use for that device?

13 A. Yes.

14 Q. Have you ever appeared in any marketing  
15 videos for Ethicon?

16 A. I don't recall. I don't recall being  
17 asked either.

18 Q. Okay. You have no recollection of Ethicon  
19 getting your approval for your use of -- of your  
20 likeness in their marketing videos?

21 A. No, not that I'm aware.

22 Q. Okay. Describe to the jury what a normal  
23 week in the life of Dr. Carbone is.

24 A. Define "normal."

25 Q. Limiting it to -- here's what I'm looking

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1 for.

2 A. Okay. Thanks.

3 Q. What you do when you go in as a doctor  
4 Monday through Friday, or Monday through Sunday.

5 A. I kind of feel like you told me I was  
6 under a time constraint.

7 Q. How about this? What percentage of your  
8 practice is related to evaluating patients with  
9 stress urinary incontinence?

10 A. 25 to 30 percent.

11 Q. What percentage of your practice as an  
12 urologist involves treating males?

13 A. 30 percent.

14 Q. Okay. What percentage of your practice  
15 involves operating on patients with stress urinary  
16 incontinence?

17 A. I guess you'd -- I'd have to ask you, is  
18 this before all the litigation or since all the  
19 litigation?

20 Q. Today.

21 A. Today.

22 Q. Today, how about -- let me ask the  
23 question. Today, what percentage of your practice  
24 involves operating on patients related to stress  
25 urinary incontinence?

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1 A. 20 to 25 percent.

2 Q. Before 2011, what percentage of your  
3 practice was related to operating on patients for  
4 stress urinary incontinence?

5 A. Maybe 30, 35 percent.

6 Q. Over the past three years, your usage of  
7 transvaginal mesh has decreased, correct?

8 A. Yes.

9 Q. Over the past three years, your usage of  
10 TVT mesh has decreased, correct?

11 A. Yes.

12 Q. You no longer use transvaginal mesh to  
13 treat pelvic organ prolapse whatsoever, correct?

14 A. Correct.

15 Q. Have you ever used any mesh products  
16 transvaginally since the year 2000 that are not made  
17 by Ethicon?

18 A. No.

19 Q. Do you treat mesh complications?

20 A. Yes.

21 Q. What percentage of your practice is  
22 related to mesh -- treating mesh complications?

23 A. A very small amount. Less than 5 percent.

24 Q. How many -- have you removed mesh from a  
25 patient before?

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1 A. Yes.

2 Q. How many times?

3 A. I can't give you an exact count. Slings?  
4 I'm sorry?

5 Q. I was telling him to cut me off on time  
6 whenever.

7 A. I apologize. I thought you were talking  
8 about the question.

9 Q. Sorry.

10 A. 40 or 50, I guess, in -- now, what -- let  
11 me ask you. What is the time frame you're asking?

12 Q. Your entire career.

13 A. What did I say?

14 Q. 40 or 50.

15 A. 40 or 50. Yeah, that's right. That's  
16 about right.

17 Q. Of those 40 to 50 mesh products you have  
18 removed from women, how many are Ethicon mesh  
19 products?

20 A. Most of them. I can't give you a number.

21 Q. In your role as a consultant for Ethicon,  
22 have you trained sales representatives for Ethicon?

23 A. Yes.

24 Q. Have you participated in what's called the  
25 Gynecare sales school?

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1           A.    I think that's what I was referring to,  
2    yes.

3           Q.    Okay.  How long did you participate in the  
4    Gynecare sales school?

5           A.    I don't remember how many -- I don't  
6    remember, but I did participate.

7           Q.    Explain to the jury what your role in the  
8    Gynecare sales school was.

9           A.    What I did at the Gynecare sales school  
10   was to discuss the condition that was appropriate --  
11   I'm sorry -- the conditions that the product was  
12   intended to be used for.

13          Q.    Did you see your role in the Gynecare  
14   sales school as assisting in the education of Ethicon  
15   sales reps?

16          A.    Assist.  What do you mean by "assist"?  
17   Like taught them about the pathophysiology of the  
18   disease, rare -- I mean, that's what I taught them  
19   about.

20          Q.    And when you taught Ethicon sales reps in  
21   the Gynecare sales school, did you do your best to  
22   deliver accurate information to Ethicon sales  
23   representatives?

24          A.    On the disease process, yes.

25          Q.    Did you ever describe the obturator space



1 C E R T I F I C A T E

2

3 I, Karen K. Kidwell, RMR, CRR, in and for  
4 the Commonwealth of Virginia, do hereby certify that  
5 there came before me on Wednesday, March 16, 2016, the  
6 person hereinbefore named, who was by me duly sworn to  
7 testify to the truth and nothing but the truth of his  
8 knowledge concerning the matters in controversy in this  
9 cause; that the witness was thereupon examined under  
10 oath, the examination reduced to typewriting under my  
11 direction, and the deposition is a true record of the  
12 testimony given by the witness.

13 I further certify that I am neither attorney  
14 or counsel for, nor related to or employed by, any  
15 attorney or counsel employed by the parties hereto or  
16 financially interested in the action.

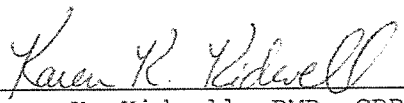
17 This the 18th day of March, 2016.

18

19

20

21

  
Karen K. Kidwell, RMR, CRR  
Notary Public #7625774

22 My Commission Expires: 9/30/2019

23

24

25